## UTILITY **PATENT APPLICATION TRANSMITTAL**

| Attorne  | ey Docket No. | 018563-000190US / AT-00004.4      |
|----------|---------------|-----------------------------------|
| First In | ventor        | CHISHTI, MUHAMMAD                 |
| Title    | METHOD A      | AND SYSTEM FOR INCREMENTALLY EETH |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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| (Only for new nonprovisional applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ınder 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                     | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                         | EV 34806355                       | 55US                 |   |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|---|--|--|
| APPLICATION I<br>See MPEP chapter 600 concerning design pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                           | ADDRESS TO  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                      |                                   |                      |   |  |  |
| 1. Fee Transmittal Form (e.g., P (Submit an original and a duplicat) 2. Applicant claims small entity see 37 CFR 1.27. 3. Specification w/titile pg (preferred arrangement set forth be - Descriptive title of the Invention - Cross Reference to Related App - Statement Regarding Fed spons - Reference to sequence listing, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e for fee processing) status.  [Total Pages 25 ] elow)  lications ored R & D                                                                                                                                                                                                                                              | Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper number of pages c. Statements verifying identity of above copies |                                   |                      |   |  |  |
| or a computer program listing ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           | ACCOMP                                                                                                                                                                                                                                                                                                                                                                                                                                         | ACCOMPANYING APPLICATIONS PARTS   |                      |   |  |  |
| - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings ( if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           | 10. 37 CFR 3.7 (when there                                                                                                                                                                                                                                                                                                                                                                                                                     | 73(b) Statemer<br>e is an assigne | ee) Attorney         |   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | [Total Sheets 9 ]                                                                                                                                                                                                                                                                                                         | I = '                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | ment (if applicable) |   |  |  |
| 4. Drawing(s) Formal 5. Oath or Declaration a. Newly executed (original or b. Copy from a prior application (for a continuation/divisiona) i. DELETION OF INVENT Signed statement attached del named in the prior application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12. ☐ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations  13. ☐ Preliminary Amendment  14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Nonpublication Request under 35 U.S.C. 122 |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                      |   |  |  |
| 1.63(d)(2) and 1.33(b).  6. ⊠ Application Data Sheet. See 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                      |   |  |  |
| 17. Other:  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No: 09/791,650 filed 02/21/2001  Prior application information: Examiner WILSON, John J. Art Unit: 3732  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                      |   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19. CORRESPO                                                                                                                                                                                                                                                                                                              | NDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                      |   |  |  |
| ☑ Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 350                                                                                                                                                                                                                                                                                                                       | OR 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                           | Correspondence address below      | ,                    |   |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                      |   |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                      |   |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | T                    |   |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State                                                                                                                                                                                                                                                                                                                     | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code                          |                      |   |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax                               |                      | = |  |  |
| Name (Print/Type) James M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Registration No. (Attorn                                                                                                                                                                                                                                                                                                  | Registration No. (Attorney/Agent) 29,541                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                      |   |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                              | August 8, 2003       |   |  |  |

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No

| FEE TRANSMITTAL                                                   |                      |
|-------------------------------------------------------------------|----------------------|
|                                                                   | Application Number   |
| for FY 2003                                                       | Filing Date          |
| Effective 01/01/2003. Patent fees are subject to annual revision. | First Named Inventor |

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known August 8, 2003 CHISHTI, MUHAMMAD Examiner Name Art Unit

018563-000190US / AT-00004.4

| METHOD OF PAYMENT (check all that apply)                                                                                   |                  | T           |             |             | FEE C           | ALCULATION (continued)                                                     |             |
|----------------------------------------------------------------------------------------------------------------------------|------------------|-------------|-------------|-------------|-----------------|----------------------------------------------------------------------------|-------------|
| Check Credit Card MoneyOrder Other None                                                                                    |                  |             | ITIONAL     | FEES        |                 |                                                                            |             |
| Deposit Account:                                                                                                           | ,                | Large       | Entity      | Small       | Entity          |                                                                            |             |
| Deposit                                                                                                                    | 7                | Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$)     | Fee Description                                                            | Fee<br>Paid |
| Account 20-1430                                                                                                            |                  | 1051        | 130         | 2051        | 65              | Surcharge - late filing fee or oath                                        | 1           |
|                                                                                                                            | _                | 1052        | 50          | 2052        | 25              | Surcharge - late provisional filing fee or cover sheet.                    |             |
| Deposit Account Townsend and Townsend and Crew LLP                                                                         |                  | 1053        | 130         | 1053        | 130             | Non-English specification                                                  |             |
| Account   I Ownselld and Townselld and Clew LLF                                                                            |                  | 1812        | 2,520       | 1812        | 2,520           | For filing a request for reexamination                                     |             |
| The Commissioner is authorized to: (check all that apply)                                                                  |                  |             | 920*        | 1804        | 920*            | Requesting publication of SIR prior to Examiner action                     |             |
| Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application |                  | 1805        | 1,840*      | 1805        | 1,840*          | Requesting publication of SIR after Examiner action                        |             |
| Charge fee(s) indicated below, except for the filing fee                                                                   |                  | 1251        | 110         | 2251        | 55              | Extension for reply within first month                                     |             |
| to the above-identified deposit account.                                                                                   |                  | 1252        | 410         | 2252        | 205             | Extension for reply within second month                                    |             |
| FEE CALCULATION                                                                                                            |                  | 1253        | 930         | 2253        | 465             | Extension for reply within third month                                     |             |
| BASIC FILING FEE Large Entity                                                                                              |                  | 1254        | 1,450       | 2254        | 725             | Extension for reply within fourth month                                    |             |
| Fee Fee Fee Fee Description                                                                                                |                  | 1255        | 1,970       | 2255        | 985             | Extension for reply within fifth month                                     |             |
| Code (\$) Code (\$) Fee Paid                                                                                               |                  | 1401        | 320         | 2401        | 160             | Notice of Appeal                                                           |             |
| 1001 750 2001 375 Utility filing fee 750                                                                                   |                  | 1402        | 320         | 2402        | 160             | Filing a brief in support of an appeal                                     |             |
| 1002 330 2002 165 Design filing fee                                                                                        |                  | 1403        | 280         | 2403        | 140             | Request for oral hearing                                                   |             |
| 1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee                                                    |                  | 1451        | 1,510       | 1451        | 1,510           | Petition to institute a public use proceeding                              |             |
| 1005 160 2005 80 Provisional filing fee                                                                                    |                  | 1452        | 110         | 2452        | 55              | Petition to revive – unavoidable                                           |             |
|                                                                                                                            |                  | 1453        | 1,300       | 2453        | 650             | Petition to revive – unintentional                                         |             |
| SUBTOTAL (1) (S)750  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                           |                  |             | 1,300       | 2501        | 650             | Utility issue fee (or reissue)                                             |             |
|                                                                                                                            |                  |             | 470         | 2502        | 235             | Design issue fee                                                           |             |
|                                                                                                                            | <del>1</del> 503 | 630         | 2503        | 315         | Plant issue fee |                                                                            |             |
| Fees from<br>Extra Claims below Fee Pai                                                                                    | 4                | 1460        | 130         | 1460        | 130             | Petitions to the Commissioner                                              |             |
| Total Claims 6 -20** = 0 ×\$18 = \$0                                                                                       |                  | 1807        | 50          | 1807        | 50              | Petitions related to provisional applications                              |             |
| Independent Claims 6 -3** = 3 X\$84 = \$252                                                                                |                  | 1806        | 180         | 1806        | 180             | Submission of Information Disclosure Stmt                                  |             |
| Multiple Dependent X                                                                                                       |                  | 8021        | 40          | 8021        | 40              | Recording each patent assignment per property (times number of properties) |             |
| Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee                                                              |                  | 1809        | 750         | 2809        | 375             | Filing a submission after final rejection (37 CFR § 1.129(a))              |             |
| Code (\$) Fee Description  1202 18 2202 9 Claims in excess of 20                                                           |                  | 1810        | 750         | 2810        | 375             | For each additional invention to be examined (37 CFR § 1.129(b))           |             |
| 1201 84 2201 42 Independent claims in excess o                                                                             |                  | 1801        | 750         | 2801        | 375             | Request for Continued Examination (RCE)                                    |             |
| 1203 280 2203 140 Multiple dependent claim, if not<br>1204 84 2204 42 ** Reissue independent claims over original patent   | palu             | 1802        | 900         | 1802        | 900             | Request for expedited examination of a design application                  |             |
| 1205 18 2205 9 ** Reissue claims in excess of 2 and over original patent                                                   | 0                | Other fe    | e (specif   | /)          |                 |                                                                            |             |
| SUBTOTAL (2) (\$)252 **or number previously paid, if greater; For Reissues, see above                                      |                  | *Reduc      | ed by Bas   | ic Filing   | j Fee Pai       | d SUBTOTAL (3)                                                             |             |

| Name (Print/Type) James M. Heslin Registration No. (Attorney/Agent) 29,541 Telephone 650-326-2400 | SUBMITTED BY      |                 |                                   |        | Co        | nplete (if applicable) |  |
|---------------------------------------------------------------------------------------------------|-------------------|-----------------|-----------------------------------|--------|-----------|------------------------|--|
|                                                                                                   | Name (Print/Type) | James M. Heslin | Registration No. (Attorney/Agent) | 29,541 | Telephone | 650-326-2400           |  |
| Signature Date August 8, 2003                                                                     | Signature         |                 |                                   |        | Date      | August 8, 2003         |  |

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